

3541

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711 (512)463-5800

CANDIDATE/OFFICER/REPORT OF
CONTRIBUTIONS, EXPENDITURES, AND LOANS

FORM C/OH

Page 1

[1] Account #: 00000000 [2] Total Pages Filed: 4

[3] CANDIDATE/ OFFICEHOLDER NAME Title: Nickname: Last: Shaw First: Alvin Middle: A Suffix:

[4] CANDIDATE/ OFFICEHOLDER ADDRESS Line 1: 3001 Lynridge Dr. Suite: Line 2: City: Austin State: TX Zip: 78723

[5] CAMPAIGN TREASURER NAME Title: Dr. Nickname: Last: Keel First: Thomas Middle: M Suffix:

[6] CAMPAIGN TREASURER ADDRESS Line 1: 808 Brooks Hollow Rd. Suite: Line 2: City: Austin State: TX Zip: 78734

[7] CAMPAIGN TREASURER PHONE: (512) 261-6674 Extension:

[8] REPORT TYPE: Final Report / Dissolution Report

[9] PERIOD COVERED: 01/01/1997 THROUGH 06/30/1997

[10] ELECTION DATE: / / ELECTION TYPE:

[11] OFFICE HELD (if any):

[12] OFFICE SOUGHT (if known): sheriff

[13] DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

NAME:

ADDRESS:

Suite:

[] additional
pages

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OFFICE USE ONLY

! Receipt # _____ !
!
! HD/PM _____ Amount: _____ !
! Date Processed _____ !
!

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C/OH REPORT: SUPPORT & TOTALS

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FORM C/OH Page 2

[14] C/OH Name: Shaw, Alvin A.

[15] Account: 00000000

[16] SUPPORTING POLITICAL COMMITTEES ** This listing includes political expenditures by political committees for candidates or officeholders. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ** Account # []

[] additional pages

Committee Type (General or Specific):

Committee name:

Committee address:

Ste.

Committee Treasurer:

Treasurer address:

Ste.

[17] NO REPORTABLE ACTIVITY [] Check here if no reportable activity occurred during this reporting period. (Sign affidavit below)

[18] CONTRIBUTION AND LOAN TOTALS 1. Total political contributions of \$50 or less (other than pledges, loans or guarantees of loans) unless itemized 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (other than pledges, loans, or guarantees of loans) 0.00

3. Total principal amount of all outstanding loans as of the last day of the reporting period 0.00

EXPENDITURE TOTALS 4. Total political expenditures of \$50 or less, unless itemized 0.00

5. TOTAL POLITICAL EXPENDITURES 0.00

[19] AFFIDAVIT



Affix Notary Stamp/Seal Above

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Alvin Shaw, this the 14th day of July, 1997, to certify which, witness my hand and seal of office.

Sharon McKinney
Signature of officer
administering oath

Sharon McKinney
Print name of officer
administering oath

Secretary
Title of officer
administering oath

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NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE I

[1] Total pages Schedule I: 1

[2] Filer Name: Shaw, Alvin A.

[3] Account #: 00000000

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[4] Date: 04/12/1997

[5] Payee name: United Negro College Fund

[6] Payee address: 900 Chicon St
Austin

Suite:
TX 78702

[7] Purpose of expenditure:
charitable contribution

[8] Amount: \$182.68

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Total Pages printed - Schedule I: 1

**C/OH REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

See C/OH Instruction Booklet for detailed instructions.

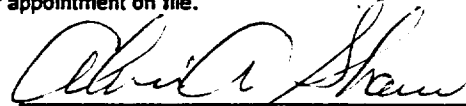
-- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --

1 C/OH NAME

Alvin Andrew Shaw

2 ACCOUNT #**3 CANDIDATE / OFFICEHOLDER**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 CANDIDATE

-- Complete A & B below only if you are a candidate and not an officeholder --

A. CAMPAIGN FUNDS

Check only one:

- ☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are both a candidate and an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

**C/OH REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

See C/OH Instruction Booklet for detailed instructions.

-- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --

1 C/OH NAME**2** ACCOUNT #**3****CANDIDATE / OFFICEHOLDER**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4****CANDIDATE**

-- Complete A & B below only if you are a candidate and not an officeholder --

A. CAMPAIGN FUNDS

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5****OFFICEHOLDER**

-- Complete this section only if you are both a candidate and an officeholder --

☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder